

MAIL COMPLETED FORM TO:

California Attorney General's Office  
Attn: Consumer Law Section,  
Telemarketing Unit  
110 West "A" Street, Suite 1100  
San Diego, CA 92101-3702

**TELEPHONIC SELLER  
SURETY BOND  
FORM B**

(Business and Professions Code Section 17511.12(b))



**Bond Number** \_\_\_\_\_

**Premium \$** \_\_\_\_\_

**Term** \_\_\_\_\_

**KNOW ALL PERSONS BY THESE PRESENTS:**

**That** \_\_\_\_\_  
(Name of principal)

**as principal, doing business under the name of**

\_\_\_\_\_  
(Name of Business)

**a telephonic seller, and whose address for service is**

\_\_\_\_\_  
Street Address City State ZIP

**and** \_\_\_\_\_, a corporation admitted  
(Name of Surety)

**to transact a general surety business in the State of California, as surety, and whose address for service is**

\_\_\_\_\_  
Street Address City State ZIP

**are held and firmly bound to the State of California in the penal sum of the total amount of \_\_\_\_\_  
for the payment of which, we bind ourselves, our heirs, executors, successors and assigns, jointly and  
severally, firmly by these presents.**

**WHEREAS, the provisions of Section 17511.12(b) of the Business and Professions Code requires  
that the principal file or have on file with the Consumer Law Section of the Department of Justice a bond  
in the sum of total amount of the current market value or advertised value (whichever is greater) of all  
premiums of Five Hundred Dollars (\$500) or more to be offered by the telephonic seller, this bond is  
executed and tendered in accordance with Section 17511.12.**

**NOW THEREFORE, the conditions of the foregoing obligation are that if the principal complies with the provisions of Article 1.4 (commencing with Section 17511) Part 3 of Division 7 of the Business and Professions Code of the State of California, and timely provides all premiums that have been offered and timely provides the Attorney General with proof that all premiums were awarded, as required by Section 17511.12 of the Business and Professions Code, then this obligation is to be void; otherwise it is to remain in full force and effect.**

**PROVIDED HOWEVER, this bond is issued subject to the following express conditions:**

**1. This bond shall be deemed continuous in form and shall remain in full force and effect for all liabilities incurred before, and for acts, omissions, or causes existing or which arose before, the cancellation or withdrawal of the Surety from the bond.**

**2. This bond is executed by the Surety to comply with, and the bond shall be subject to, the provisions of Article 1.4 (commencing with Section 17511), of Chapter 1 of Part 3 of Division 7 of the Business and Professions Code and, except to the extent of any inconsistency with that Article 1.4, to the provisions of Chapter 2 (commencing with Section 995.010), of Title 14 of Part 2 of the Code of Civil Procedure.**

**3. The conditions of the bond are set forth in Section 17511.12 of the Business and Professions Code, and any person or governmental entity claiming against the bond may proceed as provided in Section 17511.12 or as otherwise provided by law.**

**4. The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.**

**5. This bond may be canceled by the Surety in accordance with the provisions of Sections 996.310 et seq. of the Code of Civil Procedure.**

**///**

**///**

**///**

**///**

**///**

**///**

**///**

**///**

**I certify (or declare) under penalty of perjury under the laws of the State of California that I am the principal or an officer or agent of the principal with the authority to execute this document on behalf of the principal. Executed at \_\_\_\_\_.**

*(City and State)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed or Typed Name*

\_\_\_\_\_  
*Capacity (e.g., Principal, President, Attorney-in-Fact)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Name of Officer of Business*

\_\_\_\_\_  
*Name of Surety*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Address*

**This bond is executed under an unrevoked appointment or power of attorney.**

**I certify (or declare) under penalty under the laws of the State of California that the foregoing is true and correct.**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Attorney-In-Fact for Surety*

\_\_\_\_\_  
*Printed or Typed Name of Attorney-In-Fact for Surety*